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Date of Deposit <u>March 1, 2001</u>	Certificate of Mailing Label Number: <u>EL509218057US</u>
I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
Guy E. Beardsley	<i>Guy Beardsley</i>
Printed name of person mailing correspondence	Signature of person mailing correspondence

CONTINUED PROSECUTION APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(d)	
Attorney Docket Number	50128/002002
Applicant	M. Michael Wolfe et al.
Title	SPECIFIC ANTAGONISTS FOR GLUCOSE-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP)
<b>PRIORITY INFORMATION:</b>	
This is a request for a continuation application under 37 CFR §1.53(d) (continued prosecution application (CPA)) of prior United States patent application 08/984,476, filed December 3, 1997.	
<b>FILING QUALIFICATIONS:</b>	
The prior application is a nonprovisional application filed on or before May 29, 2000 that is either 1) complete as defined by 37 CFR 1.51(b); or 2) the national stage application of an international application in compliance with 35 USC 371.	
<b>EXPRESS ABANDONMENT:</b>	
This request for a CPA expressly abandons the prior application as of the filing date of this request.	
<b>ACCESS TO PRIOR APPLICATION:</b>	
This request for a CPA is construed to include a waiver of confidentiality by the applicant under 35 USC 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR §1.14 to access to, copies of, or information concerning the prior application may be given similar access to, copies of, or similar information concerning the other application or applications in the file jacket.	
<b>35 USC 120 STATEMENT:</b>	
This request for a CPA is the specific reference required by 35 USC 120 to the prior application.	
<b>PAPERS ENCLOSED:</b>	
X	1. A small entity statement was filed in the prior application. Such status is proper and desired.
X	2. Please apply any charges not covered, or any credits, to Deposit Account No. 03-2095.
X	3. Enclosed is a check for \$558.00 to cover the total fees calculated below.
X	4. A petition for a 3 month Extension of Time along with a check for \$435.00 to cover the fee.

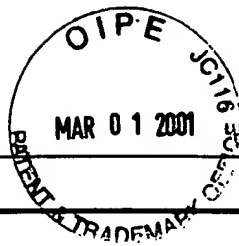
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**FILING FEES:**

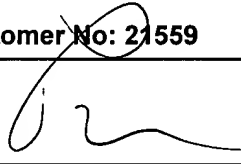
Basic Filing Fee: \$345.00	\$345.00
Excess Claims Fee: $35 - 20 = 15 \times \$9.00$	\$135.00
Excess Independent Claims Fee: $5 - 3 = 2 \times \$39$	\$78.00
Multiple Dependent Claims Fee: \$130	0
Total Fees:	\$558.00

**CORRESPONDENCE ADDRESS:**

Paul T. Clark  
Reg. No. 30,162  
Clark & Elbing LLP  
176 Federal Street  
Boston, MA 02110

Telephone: 617-428-0200  
Facsimile: 617-428-7045

**Customer No: 21559**

  
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